

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	11/23/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	109916	12/14/99
FORMALITY REVIEW	<i>[Signature]</i>		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	4/18/00
2	4/18/00
3	4/18/00
4	4/18/00
5	4/18/00
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8	4/18/00
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47	4/18/00
48	4/18/00
49	4/18/00
50	4/18/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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